

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL

OMB Number: 3235-0076 Expires: December 31, 1996 Estimated average burden hours per response.....16.00

| NOTICE OF SALE OF SECURITIES |
|------------------------------------|
| PURSUANT TO REGULATION D, |
| SECTION 4(6), AND/OR |
| UNIFORM LIMITED OFFERING EXEMPTION |

Prefix Serial

DATE RECEIVED

| RECEIVE | D |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Offering (☐ check if this is an amendment and name has changed, and indicate change A 2 1 2 Green Organics of Illinois, LLC | 2MANUAL/1750 |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 | □ Section 4(6) □ ULOE |
| Type of Filing: ☑ New Filing ☐ Amendment 64 | |
| A. BASIC IDENTIFICATION DATA | 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 188 |
| Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Green Organics of Illinois, L.L.C. | 02037678 |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number 290 South Main Street, Carol Stream, Illinois 60188 (630) 653-3700 | , - |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Nur (if different from Executive Offices) | mber (Including Area Code) |
| Brief Description of Business Produce, bag and market compost | PROCESSEI |
| Type of Business Organization | P JUN 1 3 2002 |
| □ corporation □ limited partnership, already formed □ | 1 |
| □ business trust □ limited partnership, to be formed □ limited partnership. | pecify): limited liability 40MSON FINANCIAL |
| Actual or Estimated Date of Incorporation or Organization: Month Year 0 3 Exactual | ☐ Estimated |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | <u> </u> |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

--**---**

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years.
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | ⊠ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | X | General and/or Managing Partner |
|------------------------------------------------------------|---------------------|------------------------------|---------------------|------------|---|------------------------------------|
| Full Name (Last name first, if Geiss, Jeffrey | individual) | | | | | |
| Business or Residence Addre 290 South Main Street, Care | | | de) | | | |
| Check Box(es) that Apply: | ⊠ Promoter | য় Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if Geiss, Danny | individual) | | | | | |
| Business or Residence Addre 290 South Main Street, Care | | | de) | | | |
| Check Box(es) that Apply: | ⊠ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if Mazza, Joseph | individual) | | | | | |
| Business or Residence Addre 290 South Main Street, Card | | | de) | | | |
| Check Box(es) that Apply: | ⊠ Promoter | ⊠ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if Mazza, Patrick | individual) | | | | | |
| Business or Residence Addre 290 South Main Street, Card | | | ie) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Coo | de) | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Coo | de) | | | |
| Check Box(es) that Apply: | □ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | |
| Business or Residence Addre | ss (Number and | Street, City, State, Zip Coo | de) | | | |
| (Use blank sheet, or copy and | l use additional co | pies of this sheet, as nece | essary.) | | | |

| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0.000 | Phil | B. INF | ORMATIC | N ABOUT | OFFERI | NG | 100 | and the | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|------------------------------|------------------------------|-------------------------------|--------------------------------|----------------------|----------------------|----------------------|
| 1. Has the | e issuer sold, o | r does the is | ssuer intend | to sell, to r | ion-accredit | ed investors | s in this offe | ering? | ····· | | Yes ⊠ | No □ |
| | | | Answer | also in App | endix, Colur | mn 2, if filing | g under UL0 | DE. | | | | |
| 2. What is | s the minimum | investment | that will be a | accepted fro | om any indiv | vidual? | ••••• | | | \$ | 10,0 | 00.00 |
| 3. Does th | ne offering perr | mit joint own | ership of a | single unit? | | | | ••••• | | ********** | Yes ⊠ | No |
| of simil listed in name o | ne information of ar remunerations an associate of the broker of my set forth the | n for solicita d person or r dealer. If r | ation of purc agent of a t nore than fiv | hasers in co proker or de ve (5) perso | onnection w aler registe ins to be list | ith sales of red with the | securities in SEC and/o | the offering or with a sta | g. If a perso te or states, | on to be list the | | |
| Full Name (| (Last name firs | t, if individua | al) | | | | | | | | | |
| | | | | | Not | Applicable | | | | | | |
| Business or | r Residence Ad | dress (Num | nber and Str | eet, City, St | tate, Zip Co | de) | | | | | | |
| Name of As | ssociated Broke | er or Dealer | | | | | | | | <u>.</u> | | |
| States in W | hich Person Li | sted Has So | olicited or In | tends to So | licit Purchas | ers | | *** | | | | |
| (Check | k "All States" or | r check indiv | vidual States | 3) | | ••••• | | ••••• | ••••• | ••••• | | |
| [AL | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT | | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (| Last name firs | t, if individua | al) | | | | | | | | | |
| Business or | Residence Ac | ldress (Num | nber and Str | eet, City, St | ate, Zip Coo | de) | | | | | | |
| Name of As | sociated Broke | er or Dealer | | | | | | | | | | |
| | hich Person Li | otod Hoo Co | licited or Int | ondo to Sol | ioit Durchas | | | | | | | |
| States in W | | sieu nas sc | moned of fin | enus to so. | icit Purchas | ers | | | | | | |
| | « "All States" or | | | | | | | | | | | |
| (Check | c "All States" or] [AK] | check indiv | vidual States [AR] | 6)[CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| (Check | « "All States" or | check indiv | vidual States [AR] | 6)[CA] | [CO] | [CT] | [DE] | [DC] | [FL] | | [HI] [MS] | [ID] [MO] |
| (Check [AL] [IL] [MT | k "All States" or] [AK] [IN]] [NE] | check indiv [AZ] [IA] [NV] | vidual States [AR] [KS] [NH] | 6)[CA] | [CO] [LA] [NM] | [CT] [ME] [NY] | [DE] | [DC] [MA] [ND] | [FL] [MI] [OH] | | [MS] (OR) | [MO] [PA] |
| (Check [AL] [IL] [MT [RI] | ("All States" or] [AK] [IN]] [NE] [SC] | check indiv [AZ] [IA] [NV] [SD] | vidual States [AR] [KS] [NH] | (CA) [KY] | [CO] | [CT] [ME] | [DE] [MD] | [DC] [MA] | [FL] [MI] | [MN] | [MS] | [MO] |
| (Check [AL] [IL] [MT [RI] | k "All States" or] [AK] [IN]] [NE] | check indiv [AZ] [IA] [NV] [SD] | vidual States [AR] [KS] [NH] | (CA) [KY] [NJ] | [CO] [LA] [NM] | [CT] [ME] [NY] | [DE] [MD] [NC] | [DC] [MA] [ND] | [FL] [MI] [OH] | [MN] [OK] | [MS] (OR) | [MO] [PA] |
| (Check [AL] [IL] [MT [RI] Full Name (| ("All States" or] [AK] [IN]] [NE] [SC] | check indiv | vidual States [AR] [KS] [NH] [TN] | (CA) [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] | [DC] [MA] [ND] | [FL] [MI] [OH] | [MN] [OK] | [MS] (OR) | [MO] [PA] |
| (Check [AL] [IL] [MT [RI] Full Name (Business or | x "All States" or] [AK] [IN]] [NE] [SC] Last name first | check indiv | vidual States [AR] [KS] [NH] [TN] | (CA) [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] | [DC] [MA] [ND] | [FL] [MI] [OH] | [MN] [OK] | [MS] (OR) | [MO] [PA] |
| (Check [AL] [IL] [MT [RI] Full Name (Business or Name of As States in Wi | ("All States" or [AK] [IN] [NE] [SC] Last name first Residence Adsociated Broke hich Person Lie | check indiv [AZ] [IA] [NV] [SD] dress (Numer or Dealer | vidual States [AR] [KS] [NH] [TN] al) | [CA] [KY] [NJ] [TX] eet, City, St | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] | [MN] [OK] | [MS] (OR) | [MO] [PA] |
| (Check [AL] [IL] [MT [RI] Full Name (Business or Name of As States in Wi | R "All States" or [NE] [NE] [SC] Last name first Residence Add sociated Broke hich Person List R "All States" or | check indiv [AZ] [IA] [NV] [SD] ii, if individual dress (Numer or Dealer er or Dealer | vidual States [AR] [KS] [NH] [TN] al) aber and Street | [CA] [KY] [NJ] [TX] eet, City, St | [CO] [LA] [NM] [UT] ate, Zip Coc | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] (OR] [WY] | [MO] [PA] [PR] |
| (Check [AL] [MT [RI]] Full Name (Business or Name of As States in Will (Check [AL]) | x "All States" or [AK] [IN] [NE] [SC] Last name first Residence Ad sociated Broke hich Person Lie x "All States" or | check indiv [AZ] [IA] [NV] [SD] i, if individual idress (Numer or Dealer er or Dealer sted Has So check indiv [AZ] | (AR] [KS] [NH] [TN] al) siber and Street | [CA] [KY] [NJ] [TX] eet, City, Steed to Solution (CA) | [CO] [LA] [NM] [UT] ate, Zip Coo | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] (OR] [WY] | [MO] [PA] [PR] |
| (Check [AL] [IL] [MT [RI]] Full Name (Business or Name of As States in Windows (Check [AL] [IL] | x "All States" or [[AK] | check indiv [AZ] [IA] [NV] [SD] it, if individual idress (Number or Dealer er or Dealer sted Has So check indiv [AZ] [IA] | vidual States [AR] [KS] [NH] [TN] al) aber and Strationary Strates [AR] [KS] | [CA] [KY] [NJ] [TX] eet, City, St ends to Sol | [CO] [LA] [NM] [UT] ate, Zip Coo | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] (OH] [WV] | [MN] [OK] [WI] | [MS] (OR] [WY] | [MO] [PA] [PR] |
| (Check [AL] [MT [RI]] Full Name (Business or Name of As States in Will (Check [AL]) | R "All States" or [| check indiv [AZ] [IA] [NV] [SD] i, if individual idress (Numer or Dealer er or Dealer sted Has So check indiv [AZ] | (AR] [KS] [NH] [TN] al) siber and Street | [CA] [KY] [NJ] [TX] eet, City, Steed to Solution (CA) | [CO] [LA] [NM] [UT] ate, Zip Coo | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [MN] [OK] [WI] | [MS] (OR] [WY] | [MO] [PA] [PR] |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|--------------------------------------------|
| | Type of Security | ggregate ering Price | | Amount Already Sold |
| | Debt | \$ | \$ | |
| | Equity | \$ | - s | |
| | ☐ Common ☐ Preferred | | | |
| | Convertible Securities (including warrants) | \$ | \$ | |
| | Partnership Interests | \$ | \$ | |
| | Other (Specify limited liability company membership interests) | \$ 750,000 | \$ | |
| | Total | 750,000 | \$ | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | · · · · · · · · · · · · · · · · · · · | - | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number nvestors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | . \$ - | |
| | Non-accredited Investors | | . \$_ | |
| | Total (for filings under Rule 504 only) | | \$_ | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information required for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | |
| | Type of offering | Type of Security | | Dollar Amount Sold |
| | Rule 505 | | \$ | |
| | Regulation A | | \$ | |
| | Rule 504 | | · | |
| | Total | | . - \$ | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | _ | · · · · · · · · · · · · · · · · · · · |
| | Transfer Agent's Fees | | \$ | |
| | Printing and Engraving Costs | | \$ | |
| | Legal Fees | X | \$ | 7,500 |
| | Accounting Fees | | \$_ | |
| | Engineering Fees | | \$_ | |
| | Sales Commissions (specify finders' fees separately) | | \$ | |
| | Other Expenses (identify) organization costs | 🗵 | \$ | 2,500 |
| | Total | X | \$ | 10,000 |

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in response to F "adjusted gross proceeds to the issuer." | Part C - Question 4.a. This difference is the | ne | •• | | | \$_ | 740,000 |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----|-----------|--------------------------------------------------------|------------|-----------|-----------------------|
| 5. | Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any pur check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C - C | pose is not known, furnish an estimate ayments listed must equal the adjusted g | and | | | | | |
| | | | | | Payments to Officers, Directors, & Affiliates | | | Payments to Others |
| | Salaries and fees | | | \$_ | | _ □ | \$_ | |
| | Purchase of real estate | | | \$ | | | \$ | |
| | Purchase, rental or leasing and installation of mac | hinery and equipment | X | \$ | 180,000 | | \$ | |
| | Construction or leasing of plant buildings and facili | ties | | \$ | | | \$ | 20,000 |
| | Acquisition of other businesses (including the valu that may be used in exchange for the assets or se merger) | curities of another issue pursuant to a | | s - | | _ | \$ | |
| | Repayment of indebtedness | | _ | `- \$ | | | * - \$ | |
| | Working capital | | | * - \$ | | | * - \$ | 300,000 |
| | - | | | - | | _ <u>\</u> | · - | |
| | Other (specify): Marketing costs and personal | - | | \$ - | | _ 🗵 | \$ - | 40,000 |
| | Inventory and supplies | | | \$ - | | _ 🗵 | \$ - | 200,000 |
| | Column Totals | | X | \$_ | 180,000 | _ 🗵 | \$_ | 560,000 |
| | Total Payments Listed (column totals added) | | | | × \$ _ | 740,0 | 000 | |
| 24. | | D. FEDERAL SIGNATURE | | | 100 | | | |
| CC | e issuer has duly caused this notice to be signed by the un nstitutes an undertaking by the issuer to furnish to the Unished by the issuer to any non-accredited investor pursi | J.S. Securities and Exchange Commissi | | | | | | |
| ls | suer (Print or Type) | Signature | | | | Date | | |
| G | reen Organics of Illinois, L.L.C. | | _ | | | | | |
| N | ame of Signer (Print or Type) | Title of Signer (Print or Type) | | | _ | | | |
| Je | ffrey Geiss | Manager | _ | | | | | |
| | | | | | | | | |
| ln | tentional misstatements or omissions of fact c | ATTENTION onstitute federal criminal violatio | ns. | (Se | e 18 U.S.C. | 1001.) | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | C. OFFERING PRICE, NUMBE | R OF INVESTORS, EXPENSES A | ND L | JSE | OF PROCE | EDS | | |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|-----|--------------------------------------------------------|------------------|-----------|-----------------------|
| | b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in response to F "adjusted gross proceeds to the issuer." | Part C - Question 4.a. This difference is the | ne | | | | \$_ | 740,000 |
| 5. | Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any pur check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C - C | rpose is not known, furnish an estimate ayments listed must equal the adjusted g | and | | | | | |
| | | | | | Payments to Officers, Directors, & Affiliates | | | Payments to Others |
| | Salaries and fees | | | \$_ | <u> </u> | _ 🗆 | \$_ | |
| | Purchase of real estate | | | \$_ | | _ □ | \$ | |
| | Purchase, rental or leasing and installation of mac | hinery and equipment | X | \$ | 180,000 | | \$ | |
| | Construction or leasing of plant buildings and facil | ities | | \$ | - | | \$ | 20,000 |
| | Acquisition of other businesses (including the value that may be used in exchange for the assets or se | curities of another issue pursuant to a | | - | | | | |
| | merger) | | | \$_ | | _ 🗆 | \$_ | |
| | Repayment of indebtedness | | | \$_ | | | \$_ | |
| | Working capital | | | \$_ | | × | \$_ | 300,000 |
| | Other (specify): Marketing costs and personal | | | \$_ | | _ 🗵 | \$_ | 40,000 |
| | Inventory and supplies | | | \$ | | X | \$ | 200,000 |
| | Column Totals | | X | \$ | 180,000 | × | \$ | 560,000 |
| | Total Payments Listed (column totals added) | | | _ | ⊠ \$ | — 740,0 | 000 | · - |
| | | | | | | | | |
| 20 - 19 20 - 20 20 - 20 - 20 | | D. FEDERAL SIGNATURE | | | | | | |
| CC | e issuer has duly caused this notice to be signed by the ur nstitutes an undertaking by the issuer to furnish to the L nished by the issuer to any non-accredited investor purs | J.S. Securities and Exchange Commissi | | | | | | |
| ls | suer (Print or Type) | Signature | | | | Date N | í | id Jam 1 |
| G | een Organics of Illinois, L.L.C. | Capter Jun | _ | | | HPR | <u>//</u> | 19, 2002 |
| N | ame of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| Je | ffrey Geiss | Manager | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | 239.500) at such times as required by state law. | | | | | | | | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|--|--|--|--|--|--|
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | | |
| | The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. | | | | | | | | |
| Issi | uer (Print or Type) | Signature | Date | | | | | | |
| Gre | Green Organics of Illinois, L.L.C. | | | | | | | | |
| Nar | Name of Signer (Print or Type) Title of Signer (Print or Type) | | | | | | | | |
| Jef | Jeffrey Geiss Manager | | | | | | | | |

E. STATE SIGNATURE

See Appendix, Column 5, for state response.

The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Yes

No ⊠